

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1

PROFIT CORPORATION
 ANNUAL REPORT
 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 SEP -2 AM 11:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P97000002800 (5)

1. Corporation Name
 J.O.J. AUTO SALES, CORP.

Principal Place of Business
 9695/16 79 AVE.
 HIALEAH GARDEN FL 33016

Mailing Address
 9695/16 79 AVE.
 HIALEAH GARDEN FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 9695 N.W. 79 AVENUE
 Suite, Apt. #, etc.
 22 BAY 16
 City & State
 23 Hialeah Garden, FL
 Zip Country
 24 33016 25 USA

2a. Mailing Address
 26 9695 N.W. 79 Avenue
 Suite, Apt. #, etc.
 27 BAY 16
 City & State
 28 Hialeah Garden, FL
 Zip Country
 29 33016 30 USA

3. Date Incorporated or Qualified
 01/10/1997
 4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required
 6. Election Campaign Financing
 Trust Fund Contribution \$5.00 May Be
 Added to Fees
 8. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 MARTINEZ, JOSE M
 9695/16 79 AVE.
 HIALEAH GARDEN FL 33016

10. Name and Address of New Registered Agent
 81 Name OSCAR MOSTOWYK
 82 Street Address (P.O. Box Number is Not Acceptable)
 9695 NW 79 Avenue
 83 BAY 16
 84 City Hialeah Garden, FL 85 Zip Code 33016

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and assume the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	MOSTOWYK, OSCAR	9695/16 79 AVE.	HIALEAH GARDEN FL 33016	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	TD LUKIN, JAVIER L	9695/16 79 AVE.	HIALEAH GARDEN FL 33016	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400002635484
1.4 CITY-ST-ZIP	-09/09/98--01061--017 ***100.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	400002635484
2.4 CITY-ST-ZIP	-09/09/98--01061--018 ***50.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 9/27/98 305.223-7454

CR2E034 (5/98)